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Bib Data Sheet

CONFIRMATION NO. 5598

SERIAL NUMBER 09/893,578	FILING DATE 06/29/2001 RULE	CLASS 709	GROUP ART UNIT 2151	ATTORNEY DOCKET NO. 367.40296X00	
APPLICANTS Miklos Sagi, Komaromi, HUNGARY; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** UNITED KINGDOM 0016251.1 06/30/2000					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/21/2001					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <i>[Signature]</i> <i>DC</i> Examiner's Signature Initials		STATE OR COUNTRY HUNGARY	SHEETS DRAWING 5	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 5
ADDRESS 020457					
TITLE Method of accessing remote data					
FILING FEE RECEIVED 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		